for ''Physician Orders for Life-Sustaining Treatment,'' a bright-pink document that physicians place in patients' charts to help nurses and hospice workers and other providers follow the wishes of the patients for end-of-life care. Studies show these physician orders, the product of a frank discussion between patients, families, and providers, result very often in the kind of end-of-life care that patients desire.

There are various approaches being tested in other States as well, and the Senate should promote them. One of our most valuable guidelines in moving forward should be the 1990 Patient Self-Determination Act. Its spirit and letter ought to be honored for two reasons. First, the law was passed by the Congress to encourage and ease the use of States' advanced directives. It requires many Medicare and Medicaid providers to discuss advanced directives and how they will be carried out. Its requirements in that respect are as correct today as they were 15 years ago.

The second requirement of the 1990 Patient Self-Determination Act is just as important. It prohibits discrimination against those who do not have an advanced directive. Now, it is estimated that as many as 75 percent of Americans do not have an advanced directive to guide their end-of-life choices. Under the Patient Self-Determination Act, mandating different and discriminatory treatment for Medicare and Medicaid patients without advanced directives is specifically ruled out. That is the kind of protection I believe all Americans deserve: protection that ensures the preservation of all their choices.

Now, I am grateful that Senator HARKIN and others are tackling vital issues, important issues that often go ignored, such as the concerns of those who are disabled. Americans should expect the Senate, however, to do even more.

In this Congress, I will advocate vigorously for three pieces of legislation that take an appropriate Federal approach to key end-of-life issues. If the Senate has a commitment to consider the end of life seriously, I would expect those bills to come to a vote. They all involve issues I have been working on since the early 1970s when I was co-director of the Oregon Gray Panthers and taught gerontology at several Oregon universities. I have been working to improve care for older people and the dying throughout my service in the Congress and as a member of the Aging Committee in both the House and the Senate.

For more than a decade, the people of my home State of Oregon have had a passionate and thoughtful debate on end-of-life issues. Through all of this, I have found that our health care system often neglects how people die and how important it is to make dying patients and their families more comfortable.

Almost half of the dying experience moderate to severe pain in the last days of their lives. It does not have to be that way. The distinguished Presiding Officer is one of our authorities on medical technology, and he knows medical technology and know-how exist today to reduce the suffering that I am describing. What does not exist is a medical system that supports clinicians trying to address these issues or a system to support patients and families as they try to find help for pain.

I intend to reintroduce the Conquering Pain Act, a bipartisan bill I have written that recognizes that too often at the end of life pain goes untreated for the dying patient. The Conquering Pain Act does not tell providers how to practice medicine. It certainly does not override the States' constitutional right to oversee medical practice. But it does serve to ensure that patients in every corner of our country, 24/7, 7 days a week, can get access to help as they try to deal with pain.

This legislation creates six regional Family Support Networks to assist physicians and families of patients in pain, and it ensures that in every single community in this country Americans know where to turn to get information and help when loved ones are suffering. Americans deserve to know their health care providers and their families will have resources to ease suffering. I believe the ability to see a loved one's pain properly treated can help families across this country. It certainly will add dignity and preserve choices at the end of life.

My second effort will focus on the vital work of hospice programs. More Americans are familiar with hospice today through Ms. Schiavo's case, but its true purpose may still be somewhat unclear. Hospice programs provide a range of services to control pain and other symptoms, maintain dignity, and provide comfort care, primarily to individuals in their own homes.

But the hospice benefit under Medicare needs to be improved. Today, about 20 percent of patients who die in the United States receive hospice care, and of that low number few begin their care early enough to receive the full benefit of hospice. Medicare requires patients and doctors to stop all treatment that might bring a cure before they can begin hospice treatment. I do not believe—I do not think Senators will believe—that patients should be required to abandon all hope of recovery to get the good hospice care they need, but that is what the Medicare law states today. It makes no sense, and it ought to be changed.

My Medicare Hospice Demonstration Act permits patients to seek hospice care as they seek a cure. It will not require patients and their families to abandon hope even as they move towards acceptance. For many, it will result in better care, more control, and more peaceful passage through the end of life.

Finally, the Senate ought to promote training in what is called comfort care or palliative care in our medical schools. This is a practice that is important for the Senate to understand. Comfort care, palliative care, helps terminally ill patients live as actively as possible and helps their families cope. It neither hastens nor postpones death. It is offered in hospice programs, in the home, and in other settings. It prevents and relieves suffering by identifying, assessing, and treating pain and other problems. Those can include physical problems, emotional problems, and even spiritual concerns. Palliative care is appropriate even before hospice care. It is even compatible with aggressive efforts to prolong life, such as chemotherapy or radiation therapy.

The Palliative Care Training Act will ensure that our country has more trained professionals to offer these critical comfort care services. The legislation addresses a need that the Senate has ignored too long. Without it, our citizens will not have enough dedicated professionals to meet this enormous need.

As the distinguished Presiding Officer and I have discussed often, we are in the middle of a demographic revolution. We will have many more older people. It will not be uncommon for individuals to live beyond 100, and with Americans living so much longer than they did a century ago, it is important they have options that work for them. And demand for comfort, for palliative care, is certainly going to grow.

With all the American health care system has to offer, there has to be better care for patients and their families at the end of life. I hope these three bills I have described will get careful and thoughtful examination in the days ahead and in the hearings that apparently will begin later this the week in the committee on which the distinguished Presiding Officer serves.

As I have indicated, I believe the Senate has not been appropriately careful in recent weeks. When this body first considered legislation regarding Ms. Schiavo, I made my objections known. I was compelled to block the initial version of the legislation, a bill that was put forward without hearings, without discussion, and one that threatened to turn the Congress into a convention of case-by-case medical czars. In my view, that legislation intruded dangerously on States' rights to determine medical practice.

I worked with colleagues so Congress could pass bipartisan legislation that in my view didn't set that dangerous precedent, particularly as it related to my own State's law that the people of Oregon have now approved twice. I didn't filibuster that final bill, which I had concerns about, but my concerns remain. I do not wish to see the steps of the Capitol as the new gathering place for Americans to bring their difficult family disputes at the end of life. I certainly do not want to see our Constitution trampled. Unfortunately, Congress has now opened the door to both those possibilities.